

EXHIBIT F - CERTIFICATION OF ALIEN EMPLOYMENT BROWNFIELD REDEVELOPMENT PROGRAM

I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.

I certify that the applicant does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. §1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien.

I understand if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examine the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.

	atement or loan for a period o		any such finding.
NAME (SIGNATURE)		DATE	
NAME (PRINTED OR TYPED)		APPLICANT/PROJECT NAME (PRINTED OR TYPED)	
TITLE (PRINTED OR TYPED)			
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		PRINTED)	
*Required of all applicants for tax control effective August 28, 1999 (H.B. 701		ans issued pursuant to Cha	apters 32, 100, 135, 253, 447 and 620, RSMo,